

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0879-0419P	
Application No. 10/699,774-Conf. #5909		Filing Date November 4, 2003		Examiner A. H. Cutler	
Art Unit 2622					
Applicant(s): Masako SUEHIRO					
Invention: IMAGE SENDING AND RECEIVING SYSTEM, IMAGE SENDING APPARATUS AND IMAGE RECEIVING APPARATUS					
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	8	- 20 =	0	x 50.00	0.00
<b>Independent Claims</b>	3	- 3 =	0	x 210.00	0.00
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month					120.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					120.00
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>120.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Marc S. Weiner Attorney Reg. No.: 32,181				Dated: <u>November 19, 2007</u>	
BIRCH, STEWART, KOLASCH & BIRCH, LLP 8110 Gatehouse Road Suite 100 East P.O. Box 747 Falls Church, Virginia 22040-0747 (703) 205-8000					

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2008</h3>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/699,774-Conf. #5909
		Filing Date	November 4, 2003
		First Named Inventor	Masako SUEHIRO
		Examiner Name	A. H. Cutler
		Art Unit	2622
TOTAL AMOUNT OF PAYMENT		(\$)	120.00
		Attorney Docket No.	0879-0419P

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>02-2448</u> Deposit Account Name: <u>Birch, Stewart, Kolasch &amp; Birch,</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																		
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																		
Application Type	Fee (\$)	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)										
		Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)											
Utility	310	155	510	255	210	105												
Design	210	105	100	50	130	65												
Plant	210	105	310	155	160	80												
Reissue	310	155	510	255	620	310												
Provisional	210	105	0	0	0	0												
<b>2. EXCESS CLAIM FEES</b>																		
								<b>Small Entity</b>										
<b>Fee Description</b>								<b>Fee (\$)</b>										
Each claim over 20 (including Reissues)								50										
Each independent claim over 3 (including Reissues)								210										
Multiple dependent claims								370										
								185										
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> <th>Multiple Dependent Claims</th> </tr> <tr> <td>8</td> <td>- 20 = 0</td> <td>x 50.00 =</td> <td>0.00</td> <td></td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	8	- 20 = 0	x 50.00 =	0.00		
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims														
8	- 20 = 0	x 50.00 =	0.00															
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Indep. Claims</th> <th>Extra Claims</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td>3</td> <td>- 3 = 0</td> <td>x 210.00 =</td> <td>0.00</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	3	- 3 = 0	x 210.00 =	0.00			
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)															
3	- 3 = 0	x 210.00 =	0.00															
HP = highest number of total claims paid for, if greater than 20.																		
HP = highest number of independent claims paid for, if greater than 3.																		
<b>3. APPLICATION SIZE FEE</b>																		
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																		
<table style="width: 100%; border-collapse: collapse;"> <tr> <th>Total Sheets</th> <th>Extra Sheets</th> <th>Number of each additional 50 or fraction thereof</th> <th>Fee (\$)</th> <th>Fee Paid (\$)</th> </tr> <tr> <td></td> <td>- 100 =</td> <td>/50 =</td> <td>(round up to a whole number) x</td> <td></td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)		- 100 =	/50 =	(round up to a whole number) x		
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)														
	- 100 =	/50 =	(round up to a whole number) x															
<b>4. OTHER FEE(S)</b>																		
Non-English Specification, \$130 fee (no small entity discount)																		
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u>								120.00										

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	32,181
Name (Print/Type)	Marc S. Weiner	Telephone	(703) 205-8000
		Date	November 19, 2007